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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/518427

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1.5		1.5		
3		1.5		1.5		
4		1.5		1.5		
5		1.5		1.5		
6		1.5		1.5		
7		1.5		1.5		
8		1.5		1.5		
9		1.5		1.5		
10		1.5		1.5		
11		1.5		1.5		
12		1.5		1.5		
13		1.5		1.5		
14		1.5		1.5		
15		1.5		1.5		
16		1.5		1.5		
17		1.5		1.5		
18		1.5		1.5		
19		1.5		1.5		
20		1.5		1.5		
21		1.5		1.5		
22		1.5		1.5		
23		1.5		1.5		
24		1.5		1.5		
25		1.5		1.5		
26		1.5		1.5		
27		1.5		1.5		
28		1.5		1.5		
29		1.5		1.5		
30	/					
31		1.5		1.5		
32		1.5		1.5		
33		1.5		1.5		
34		4		4		
35		4		4		
36		1.5		1.5		
37		1.5		1.5		
38		1.5		1.5		
39		1.5		1.5		
40		2.5		2.5		
41		2.5		2.5		
42		2.5		2.5		
43		2.5		2.5		
44		1.5		1.5		
45		1.5		1.5		
46		1.5		1.5		
47		1.5		1.5		
48		1.5		1.5		
49		1.5		1.5		
50		1.5		1.5		
TOTAL IND.	2		1			
TOTAL DEP.	84		72			
TOTAL CLAIMS	86		73			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58		2		2		
59		2		2		
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						